

| For wing Office use only | |
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| International Application No. | |
| 05.6.00 | |
| International Filing Date | |
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| Name of receiving Office and "PCT International Application" | |

REQUEST The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty. Applicant's or agent's file reference TS-352 (if desired) (12 characters maximum) TITLE OF INVENTION Box No. I STEPPED-UP NUCLEIC ACID AMPLIFICATION METHOD APPLICANT Box No. II Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of the state This person is also inventor. of residence is indicated below.) Telephone No. TOSOH CORPORATION Facsimile No. 4560, Kaisei-cho, Shinnanyo-shi, YAMAGUCHI 746-8501 JAPAN Teleprinter No. State (that is, country) of nationality: State (that is, country) of residence: JAPAN JAPAN the United States of America only the States indicated in the Supplemental Box all designated States This person is applicant all designated States except the United States of America for the purposes of: FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Box No. III Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below. This person is: of residence is indicated below.) applicant only applicant and inventor ISHIZUKA Tetsuya inventor only (If this check-box 2-7-3-217, Tachibanadai, Aoba-ku, is marked, do not fill in below.) Yokohama-shi, KANAGAWA 227-0046 JAPAN State (that is, country) of residence: State (that is, country) of nationality: **JAPAN** JAPAN the States indicated in the Supplemental Box the United States of America only This person is applicant all designated all designated States except the United States of America \mathbf{x} for the purposes of: Further applicants and/or (further) inventors are indicated on a continuation sheet. AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE Box No. IV The person identified below is hereby/has been appointed to act on behalf Х common representative agent of the applicant(s) before the competent International Authorities as: Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Telephone No. (03)3256-1397SENMYO Kenji 9091 Patent Attorney OGAWA Toshiharu 8288 Patent Attorney Facsimile No. YAMAMOTO Ryozo 7277 Patent Attorney (03)3256-1398Torimoto Kogyo Bldg., 38, Kanda-Teleprinter No. Higashimatsushitacho, Chiyoda-ku, TOKYO 101-0042 JAPAN

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| Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) | | | | | |
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| If none of the following sub-boxes is used, thi | s sheet should not be included in the request. | | | | |
| Name and address: (Family name followed by given name; for a le designation. The address must include postal code and name of count address indicated in this Box is the applicant's State (that is, country) of residence is indicated below.) | gal entity, full official iry. The country of the of residence if no State This person is: applicant only | | | | |
| ISHIGURO Takahiko | applicant and inventor | | | | |
| 490-17, Kishine-cho, Kohoku-ku, Yokohama-shi, KANAGAWA 222-0034 J | | | | | |
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| Name and address: (Family name followed by given name: for a le designation. The address must include postal code and name of count address indicated in this Box is the applicant's State (that is, country) of residence is indicated below.) SAITOH Juichi 2-20-16-101, Sakuramori, Yamato-s KANAGAWA 242-0028 JAPAN | applicant only X applicant and inventor | | | | |
| State (that is, country) of nationality: | State (that is, country) of residence: JAPAN | | | | |
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| Name and address: (Family name followed by given name; for a le designation. The address must include postal code and name of count address indicated in this Box is the applicant's State (that is, country) of residence is indicated below.) SAKAI Tomomi 4-11-13, Kokubunjidai, Ebina-shi KANAGAWA 243-0413 JAPAN | applicant only applicant and inventor | | | | |
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| Box No | V DESIGNATION OF STATES | | | | | | |
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| The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked): | | | | | | | |
| Dogione | al Patant | | | | | | |
| AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare | | | | | | | |
| | EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RURussian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent | | | | | | |
| | EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent | | | | | | |
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| R1=4* | specify on dotted time) al Patent (if other kind of protection or treatment desired, spec | :ifv ^ | n dou | ed line): | | | |
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| Precau | tionary Designation Statement: In addition to the design | nati | ons ma | ade above, the applicant also makes under Rule 4.9(b) all other | | | |

designations which would be permitted under the PCT except any designations indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

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| Box No. VI PRIORITY CLAIM Further priority claims are indicated in the Supplemental Box. | | | | | | | |
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| * Where the earlier application is Convention for the Protection of In | | | | led (Rule 4.10(b)(ii)). See S | Supplemental Box. | | |
| Box No. VII INTERNATIO | NAL SEARCHING | | | | | | |
| Choice of International Search (if two or more International Search competent to carry out the interna- | arching Authorities are ational search, indicate | search has been | carried out by or | requested from the Internat | to that search (if an earlier tional Searching Authority); | | |
| the Authority chosen; the two-letter | r code may be used): | Date (day/mont | h/year) | Number | Country (or regional Office) | | |
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| Box No. VIII CHECK LIST | | | | | | | |
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| 1. Date of actual receipt of the purported international application: 2. D | | | | 2. Drawings: | | | |
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